

CHULA VISTA POLICE DEPARTMENT

TEEN POLICE ACADEMY APPLICATION



Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Driver's License Number: _____

Home Address: _____
(Street) (City) (state) (Zip Code)

Home Phone: _____ Cell Phone: _____

email _____

Name of High School: _____ (circle) 9th 10th 11th 12th

Have you ever been arrested or contacted by law enforcement? If yes, briefly explain:

Why do you want to attend this academy? How will it benefit you? What do you bring to this experience? _____

Are you currently involved in community or extra-curricular activities at your school or in your community? Please describe:

Name of Parent or Legal Guardian: _____ Relationship _____

Address: _____
(Street) (City) (State) (Zip Code)

Employer: _____ Work Phone: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Signature of Applicant: _____ Date: _____

Signature of Parent or Legal Guardian: _____ Date: _____

By signing this document you acknowledge the Chula Vista Police Department will conduct a background investigation, which may include an electronic inquiry into the applicant's personal criminal history, DMV records, or other law enforcement databases.



CHULA VISTA POLICE DEPARTMENT

Teen Police Academy

Participant Expectations

There is no cost to attend our Academy. We do welcome parent donations for snacks or contributions for the graduation cake.

Respect for Instructors:

Please no cell phones or texting during instruction time. All of the Instructors are here volunteering their time and rude or discourteous behavior won't be tolerated. This pertains to excessive talking and laughing or fooling around during instruction. We expect to have the student's undivided attention while any Instructor is addressing the group. We'll have a lot of fun, but we do expect students to listen and pay attention.

Regular attendance is expected.

There are 35 spaces available and a large number of interested teens, so we urge teens willing to make the commitment to apply without delay as we use a first come, first serve system. Please be advised that obligations like sports, or jobs on the same night can conflict with attendance; so please don't apply if you'll have a regular conflict because there are too many teens who wish to be in the Academy.

Timely arrival to class and Signing in:

We present a lot of information and do a lot of activity each class so promptness counts. In the past we've had a number of students regularly arrive late which proved to be very disruptive. Tardy students also forget to sign in and end up not receiving credit for attendance. Additionally when students arrive late, or leave early; that time is subtracted from their community service hours. Sometimes we relocate to another area in the Police Department and teens that arrived late were alone in the community room not knowing what to do, where to go or how to find the rest of the class.

Sometimes I may remind the class to sign in, but it's part of the student's job to sign in. When I collect the sign in sheets I put an absent mark next to anyone who hasn't signed in. At graduation when we recognize perfect attendance, students feel bad not to receive acknowledgment when they know they were here each time, so please sign in each week.

Sign here to acknowledge reading this page.

| |
|--------------------------|
| |
| Student signature |

| |
|-------------------------|
| |
| Parent signature |

Thank You!



CHULA VISTA POLICE DEPARTMENT

TEEN POLICE ACADEMY WAIVER



C O M M U N I T Y R E L A T I O N S U N I T

WAIVER OF CLAIMS FOR DAMAGES AND COVENANT NOT TO SUE

I, _____ provide this Waiver and Release
Parent signature

because my child will participate in a "Teen Police Academy" with the Chula Vista Police Department.

I FOREVER RELEASE, WAIVE, HOLD HARMLESS AND COVENANT NOT TO SUE THE CITY OF CHULA VISTA, IT'S' PRESENT AND FORMER OFFICERS, AGENTS AND EMPLOYEES, AND ALL OTHER PERSONS, FROM ANY AND ALL LIABILITIES, CLAIMES, DEMANDS OR CAUSES OR ACTION THAT I MAY HEREAFTER HAVE FOR INJURIES OR DAMAGES ARISING OUT OF MY CHILD'S PARTICIPATION IN THE TEEN POLICE ACADEMY.

I INTEND THIS WAIVER TO BIND MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE, AND ASSIGNS.

I declare under penalty of perjury that I have read and fully understood this entire "Waiver of Claims for Damages and Covenant Not to Sue" and that my signature below signifies my reading, understanding, and agreeing with each provision.

Date Student Signature

Date Parent Signature

ACADEMY PARTICIPANT INFORMATION

Full name (including middle initial) Date of Birth

Mailing address City, State, Zip

Daytime phone email address

CHULA VISTA POLICE DEPARTMENT

MEDIA RELEASE AUTHORIZATION



To the Parents of: _____

During the course of the Teen Police Academy your son/daughter may be photographed while participating in various activities in the Academy.

Please review and sign this form to authorize your child's permission to participate as described below.

I authorize Chula Vista Police Department to photograph and or take video of my son or daughter to utilize for promotional purposes supporting the Teen Police Academy. At times Media outlets interested in informing the public about the Teen Police Academy may have interest and want to publish these photos.

I, the parent/guardian of the child named above have read the information printed above and authorize the release of photos/video concerning my child under the conditions outlined.

Printed name _____

Signature _____

Relationship to child _____

Date _____

Home Phone number _____ Cell _____

Work phone number _____

Address _____

Email _____

For questions or additional information, please contact Angela Gaines in the Community Relations Unit at 619 691-5187.

